| | <u>n of Health Care Faci</u> | lities | | | | | • | |
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| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUI | | (X1) PROVIDER/SUPPLIDENTIFICATION N | IER/CLIA IUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILOING: 01 - MAIN BUILDING 01 | | (X3) DATE SURVEY COMPLIETED | | |
| <u> </u> | | TN6501 | | B, WING | | 05/28/2013 | | |
| | | | | ODRESS, CITY, STATE, ZIP CODE | | | 00/20/2013 | |
| LIFE CA | RE CENTER OF MOR | GAN COUNTY | | TH KINGSTO IRG, TN 378 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCY MUST BE PRECEDED B SC IDENTIFYING INFORM | YFULL | PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (XS) COMPLETE DATE | |
| | 1200-8-608 (1) Bu (1) A nursing home maintain the conditi the overall nursing I manner that the safe residents are assumed the safe residents are assumed to have a reliable to have a | shall construct, armon of the physical phome environment ety and well-being ed. et as evidenced by: on and interview, thable sprinkler system iding". erview with the main 2013 at 9:55 a.m. ov combustible conse (3) fire compartm (3) four (4) hour fire ain penetrates all the attic, where no similar penetrates and a positive air presses a soiled utility area, and a positive air penetrates are penetrates and a penetrates are penetrates | e facility n water entenance confirmed structior . ents walls . ree (3) prinkler nance inistrator 2013. | N 831 | I) It is the practice of this facility to assure Life Safety Codes are adhered to at all tir facility will work with Tennessee license architects, engineers and codes officials to evaluate Morgan County nursing center it to the 2006 IBC and the existing construct as well as all associated codes to formula acceptable Life Safety compliant solution Evaluation and submission to Tennessee Department Construction review will be completed by August 9, 2013. All correct measures will be complete within 60 day, receipt of the Tennessee Construction revacceptance and confirmation of the proper Safety compliant solution. 2) Fadility sprinkler system will be modified needed for code compliance. 3) Once sprinkler system has been brought it compliance, any future proposed changes submitted to Plans Review for approval to system remains compliant. 4) Sprinkler system components will be test monthly by Maintenance Director/design quarterly by sprinkler contractor. Results will be presented by the Maintenance Director/design quarterly by sprinkler contractor. Results will be presented by the Maintenance Director committee meeting for 3 months. Performance Improvement in monthly Performance Improvementation member include E.D., D.O.N. A.D.O.N., R.S.M., Activities Director, Services Director, Dietary Manager, Housekeeping Supervisor, S.D.C., H.I.M. D.O.M., Medical Director, Pharmacy Co. and Psyche Services. | nes. The door on relation in relation IBC te an in. Health the sire was ed Life in a seed Life in a seed to ensure in a seed t | September 9, 20 This is with the 60 day Extension. | |

Division of Health Care Facilities

LANORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE STATE FORM

TITLE

4/12/13

(XB) DATE

77CY21

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: TN6501 B. WING O5/28/2013 NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MORGAN COUNTY STREE* ADDRESS, CITY, STATE, ZIP CODE 419 SOUTH KINGSTON STREET WARTBURG, TN 37887 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) N 848 COntinued From page 1 N 848 Continued From page 1 N 848 Continued From page 1 | Division | of Health Care Fac | ilities | | | | FORIVI APPROVED | | |
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| PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION: N 848 Continued From page 1 Utility rooms. This Rule is not met as evidenced by: Based on observation, the facility failed to provide a supply a possitive air pressure in all clean areas. The findings include: Observation on May 28, 2013 at 1:15 p.m. revealed that the clean linen room in the secure unit dining room was not provided with positive pressure. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. Maintenance Director and Maintenance Associates will now be used for activity supplies. 2) Maintenance Director and Maintenance Associates will complete a 100% audit of the building to maintain negative air pressure in the clean linen and clean utility rooms by 6/21/13. Maintenance Director will report findings to the Performance Improvement Committee. 3) Maintenance Director along with Maintenance Director along with Maintenance Director will report audit findings monthly to the Performance Improvement Committee to assure compliance monthly x3. Performance Committee number include E.D., D.O.N., A.D.O.N., R.S.M., Activities Director, Pharmacy Consultant | LIFE CAI | RE CENTER OF MOR | GAN COUNTY | | | | | | |
| utility rooms. This Rule is not met as evidenced by: Based on observation, the facility failed to provide a supply a positive air pressure in all clean areas. The findings include: Observation on May 28, 2013 at 1:15 p.m. revealed that the clean linen room in the secure unit dining room was not provided with positive pressure. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. Maintenance Director and Maintenance Associates will complete a 100% audit of the building to maintain negative air pressure in the clean linen and clean utility rooms by 6/21/13. Maintenance Director will report findings to the Performance Improvement Committee. 3) Maintenance Director along with Maintenance Associates will audit entire facility monthly for 3 months to ensure positive and negative air pressure works correctly. 4) Maintenance Director will report audit findings monthly to the Performance Improvement Committee to assure compliance monthly x 3. Performance Committee member include E.D., D.O.N., A.D.O.N., R.S.M., Activities Director, Social Services Director, Dietary Manager, Housekceping Supervisor, S.D.C. H.I.M., D.O.M., Medical Director, Pharmacy Consultant | PREFIX | (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | | PREFIX | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO | D BE COMPLETE | | |
| Based on observation, the facility failed to provide a supply a positive air pressure in all clean areas. The findings include: Observation on May 28, 2013 at 1:15 p.m. revealed that the clean linen room in the secure unit dining room was not provided with positive pressure. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on May 28, 2013. This finding was verified by the maintenance director and maintenance associates will constant and other such solled areas and positive air pressure in the clean linen and clean utility rooms by 6/21/13. Maintenance Director will report findings to the Performance Improvement Committee. This findings monthly for 3 months to ensure positive and negative air pressure works correctly. The clean linen and clean utility rooms by 6/21/13. Maintenance Director along with Maintenance Director and maintenance Director will report findings monthly for 3 months to ensure positive and negative air pressure works correctly. This findings monthly to the Performance Committee member include E.D., D.O.N., A.D.O.N., R.S.M., Activities Director, Social Services Director, Dietary Manager, Housekeeping Supervisor, S.D.C., H.I.M., D.O.M., Medical Director, Pharmacy Consultant | N 848 | • | age 1 | | N 848 | secure unit dining room closet or 6/12/13. The closet will now be to | 1 3diy 10, 201 | | |
| | | Based on observat a supply a positive The findings includ Observation on Marevealed that the clunit dining room wapressure. This finding was vedirector and acknowled | ion, the facility failed air pressure in all cle e: by 28, 2013 at 1:15 p. lean linen room in the as not provided with perified by the maintent wiedged by the adminuted air provided with provided with perified by the maintent wiedged by the adminutent air provided air pressure air pressure air provided air pressure | m. e secure positive ance | | Associates will complete a 100% of the building to maintain negat pressure in the soiled utility area rooms, janitor closets, dishwashi other such soiled areas and positi pressure in the clean linen and clutility rooms by 6/21/13. Mainte Director will report findings to the Performance Improvement Commaintenance Associates will audentire facility monthly for 3 mon ensure positive and negative air pressure works correctly. 4) Maintenance Director will report findings monthly to the Performational Improvement Committee to assu compliance monthly x 3. Perform Committee member include E.D. D.O.N., A.D.O.N., R.S.M., Activ Director, Social Services Director Dietary Manager, Housekceping Supervisor, S.D.C., H.I.M., D.O. Medical Director, Pharmacy Committee Tommacy | saudit ive air s, toilet ing and ive air ean nance mance mittee. t audit ance re nance re nance re nance ., vities or, | | |

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Executive Director

6/12/13